

ORDER FORM

Instructions: Please complete the information requested below and return to csims@ors.sc.gov and tallen@ors.sc.gov by **August 5, 2020**. Please include your participating School District, Private School, Special School, Charter School, or Private College, University, or Technical College ("Participant") in the file name before you save/send it.

Participant Entity Name:

Contact Name:

Contact Title:

Contact E-Mail:

Contact Phone:

Billing Contact

Name:

Title:

E-Mail:

Phone:

CIPA Compliance - Content Filter Administrator

Name:

Title:

E-Mail:

Phone:

Monthly Reporting Contact

Name:

Title:

E-Mail:

Phone:

Shipping Information *(must sign for delivery)*

Attention to:

District/Department:

Street:

City, SC, Zip:

Phone:

Equipment Order

Equipment Order for Households with K-12 and Higher Education Students Meeting Poverty Criteria ("annual income of two hundred fifty percent or less of federal poverty guidelines"; see certification below)

Wireless Provider Requested:

Quantity of Mobile Hotspots and Monthly Service:

Quantity of Monthly Service Lines Needed for

District-Owned Equipment:

(Must be carrier-issued equipment)

Additional Wireless Provider Requested:

Quantity of Mobile Hotspots and Monthly Service on Additional Wireless Provider:

Quantity of Monthly Service Lines Needed for

District-Owned Equipment on

Additional Wireless Provider:

(Must be carrier-issued equipment)

****School Entities that are interested in wired broadband options, please contact csims@ors.sc.gov.**

CERTIFICATION: The School District, Private School, Special School, Charter School, or Private College, University, or Technical College noted above certifies that by submitting this order it has limited the order to the number needed for student households as defined in Act 142, and it has authorized the ORS to order and deliver these goods to them subject to execution of MOU and order form. The ORS will pay for the initial cost of mobile hotspots and service through December 2020 subject to documentation being provided by the Participant to allow for reimbursement under CARES.

*Facsimile
signatures and
email signatures
shall be as
effective as
original signatures
to bind any party.*

Signature:

Print Name of Signatory:

Title of Signatory:

Date:

